U.S. Department of 1113th 110083-FDS Document PROCESS BLOEIP FASI BETURN See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Shekeira Williams, et al.						COURT CASE NUMBER 13-cv-10083-FDS			
Luis S. Spence L. et aleRKS OFFICE						TYPE OF PROCESS Civil			
					R DESCRIP	TION OF PROPERTY TO	SEIZE OR CON	DEMN	
Bhuce	Gelb, S	u nechat t	♦0 ₫€?1±12	: 52					
	Street or RFD, A	_	-						
AT SBCC,	Harvar	d URSoald\$	TBIC1_C0	URI We Ma. Ol	464-80	000			
SEND NOTICE OF SERVICE COP	Y TO REQUES	TERATNAM	AND ADDRE	ESS BELOW:	$\overline{}$	r of process to be			
Shekeira Williams						served with this Form - 285			
Shekeira Williams 16 Stockton Street					1,,,,,,	Number of a print to be			
Dorchester, Ma. 02124						Number of parties to be served in this case			
					<u> </u>		<u>≥ ~~</u>		
L						Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE					~				
SPECIAL INSTRUCTIONS OR O' Telephone Numbers, and Estimated '	THER INFORM Times Available	IATION THAT For Service):	WILL ASSIST	IN EXPEDITING	SERVICE (<u>I</u>	•	rnate Addresses A	1111	
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His work hour 5 p.m.	s r ber	ieve ar	e Monda	y chru fr	Iday I	rom 8 a.m.	Do NY NE		
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Signature of Attorney or other Originalor requesting service on behalf of:				Ž PLAINTIFF	TELEPHONE NUMBER DATE		DATE		
Sherold (Springer) ((Millian) - DEFENDAN					1 ~ 7 ~	617-676-7889			
SPACE BELOW FOR	R USE Ó	F U.S. MA	ARSHAL	ONLY — D	O NOT	WRITE BELO	OW THIS I	INE	
I acknowledge receipt for the total					orized USM	rized USMS Deputy or Clerk			
imber of process indicated. of Origin to Serve						ł			
(Sign only first USM 285 if more than one USM 285 is submitted)	6	No. 36	No. <u>38</u>	(M)			412	3/1	
hereby certify and return that	have personally	served. □ have		of service. have	executed as	shown in "Remarks", the	process described		
on the individual, company, corporat									
I hereby certify and return that I	am unable to lo	cate the individ	ual, company, c	orporation, etc., nam	ed above (Se	ee remarks below)			
Name and title of individual served (if not shown ah	ove)				A person of	suitable age and	dis-	
Laira McCd	lough						residing in the defe		
Address (complete only if different th	an shown abov	e)				Date of Service	Time	am	
						15/1/13	1:00	6m	
						Signature of C.S.	Marshal or Deputy		
						M			
Service Fee Total Mileage C	harges Forw	arding Fee To	otal Charges	Advance Deposits	Amount	wed to U.S. Marshal or	Amount of Re	fund	
(including ende	avors)	, i		. La vance Deposits	7 timount o		amount of Re	. 3110	
3. PLA 1 SCIRE	0	Ó	19.00						

REMARKS:

